

Name  
in  
Full

Margaret A Abbott

7/22 XV/III

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		July	13	71			
Sex	Female		Color or Race	White		Birthplace	Wayland Md.
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Alexander Abbott			
Father's Name	Samuel Harves					Father's Birthplace	Wayland Md.
Mother's Maiden Name	Polly Gray					Mother's Birthplace	
Name of person giving information	Mrs. J. A. Brumby					How related to deceased	Sister in law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Doctor Long at Allen attended her  
but I had no means of getting  
certificate from him

Geo. C. Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

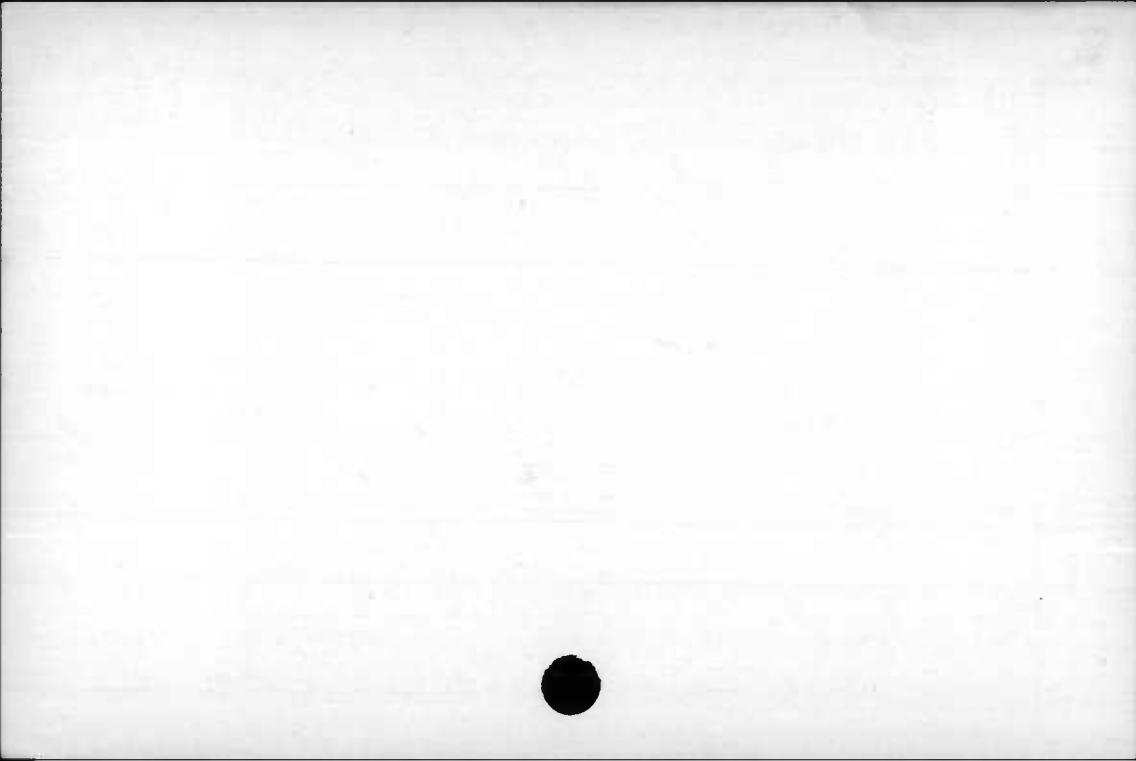
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Angelina Ballard</i>		Town <i>Trinitand</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>July</i>		Day <i>20</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Age <i>71</i>		Years <i>Months</i>	
Occupation <i>Housekeeper</i>		Birth-place <i>Worcester Co. Md.</i>		Where Residing if not at place of death <i>_____</i>		Days <i>_____</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wilson Ballard</i>		Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>	
Mother's Maiden Name <i>Eliza Carey</i>		Name of person giving information <i>Edward Ballard</i>		Mother's Birthplace <i>_____</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>No Doctor</i>	How long <i>_____</i>
Immediate <i>Said to have been Paralyzed</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>so far as I know</i>	Signature of Physician <i>Geo. C. Hill</i>
Accident or Suicide?	Address <i>Underlaker Salisbury Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

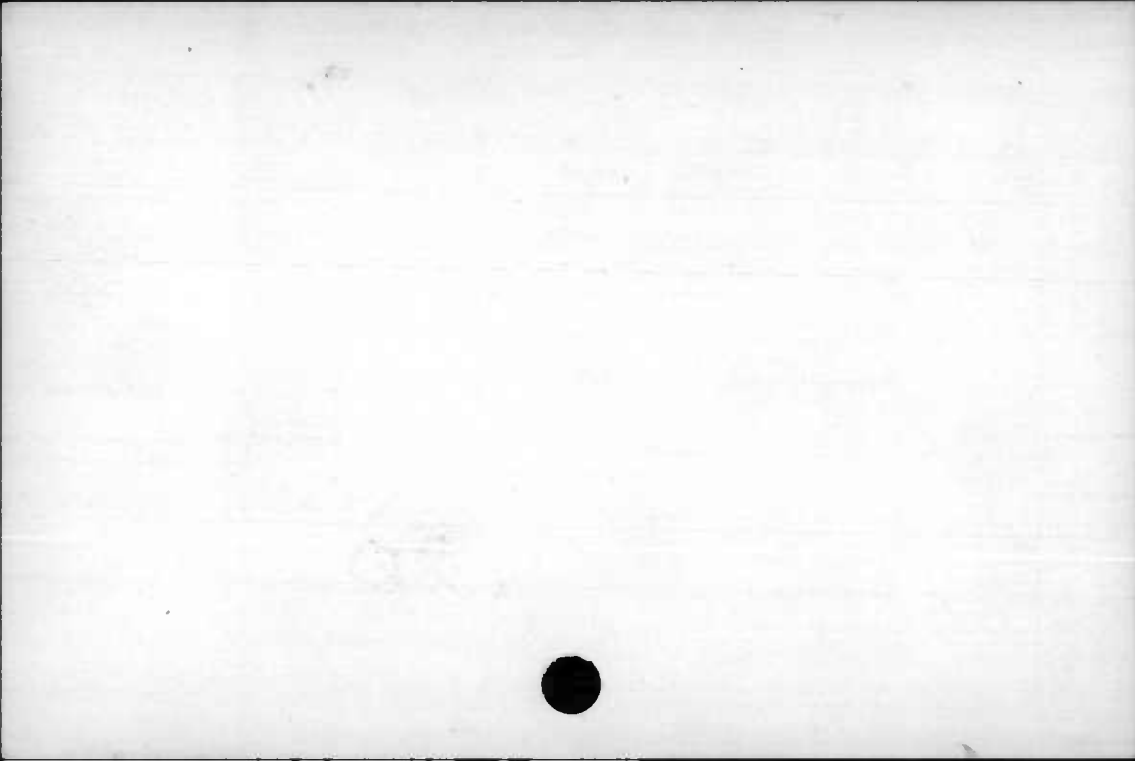
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Woolland C Bradley</b>		Town <b>Salisbury</b>		County <b>Wicomico</b>		State <b>MARYLAND</b>	
Died at <b>Salisbury</b>		Month <b>July</b>		Day <b>4</b>		Years <b>41</b>	
Date of death <b>1905</b>		Months <b>8</b>		Days <b>23</b>			
Sex <b>male</b>		Color or Race <b>White</b>		Birth-place <b>Md.</b>			
Occupation				Where Residing if not at place of death			
<del>Married</del> Single or <del>Widowed</del>				Name of Wife or Husband			
Father's Name <b>George L Bradley</b>				Father's Birthplace <b>Md.</b>			
Mother's Maiden Name <b>Isabella Messick</b>				Mother's Birthplace <b>Del.</b>			
Name of person giving information <b>Elmer E Bradley</b>				How related to deceased <b>Brother</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Cirrhosis of liver</b>	How long <b>4 years (about)</b>
Immediate <b>General aneurism</b>	How long <b>Few weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. J. [illegible]</b>
	Address <b>Salisbury, Md.</b>
Accident or Suicide? <b>no</b>	



Name  
in  
FullGeorge W. Brewington,  
Salisbury, Maryland.

## CERTIFICATE OF DEATH

MARYLAND

Died at  
Salisbury, Maryland.

Date

of death

1905

Month

July

Day

5

Age

Years

47

Months

2

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Salisbury, Md.

Occupation

Barber

Where Residing if not  
at place of death

Salisbury, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Anne Brewington

Father's  
Name

E. Breunzer

Father's  
Birthplace

Brewington

Mother's  
Maiden Name

Martha

Shook

Mother's  
BirthplaceName of person giving  
information

Gordon H. Brewington

How related  
to deceased

Salisbury, Md.

## CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

75 years (history)

Immediate

Pulmonary hemorrhage

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

So far as

Signature of  
Physician

M. C. Smith

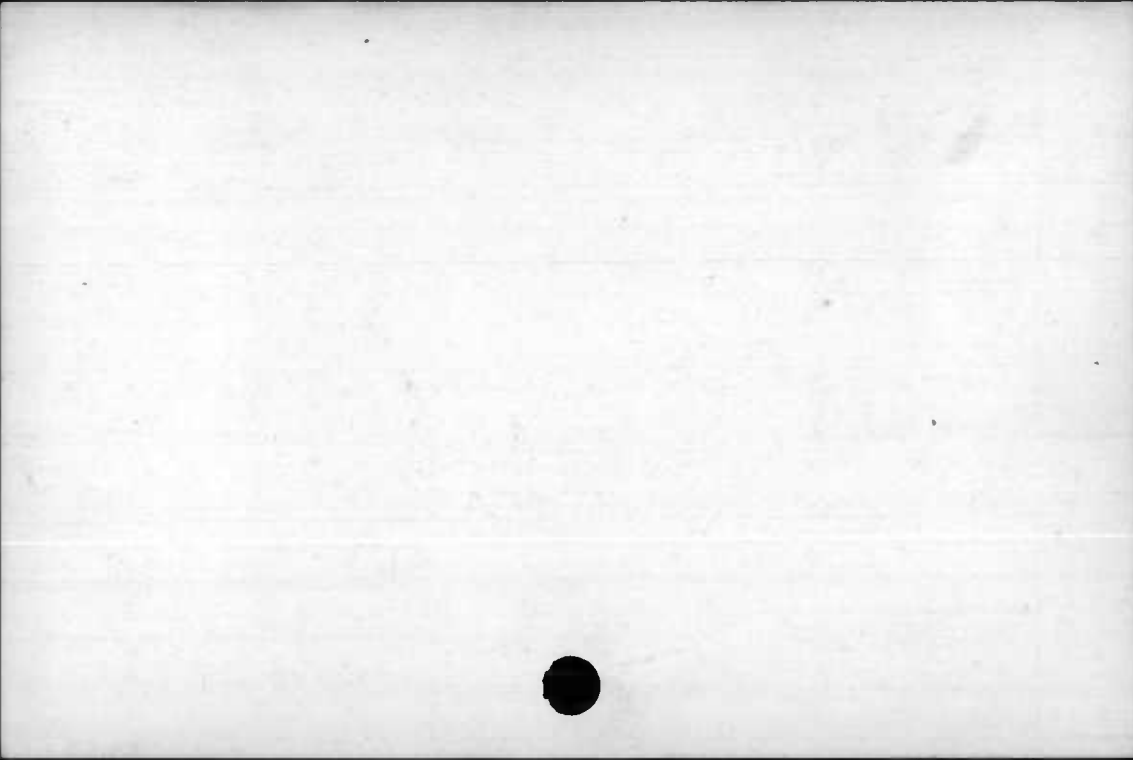
Address

Salisbury, Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Martha Jane Brevington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1905	Month July	Day 12	Age 72	Months 8	Days 11
Sex Female		Color or Race White		Birth-place Near Snow Hill			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband Elvengert Brevington			
Father's Name		Stewart-Shockley		Father's Birthplace			
Mother's Maiden Name		Eleanor Henderson		Mother's Birthplace			
Name of person giving information		Mrs Edward Bonjoin		How related to deceased grand-daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Amnesia and Heart Dis.		How long Several Years	
Immediate		Heart failure		How long few minutes	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. M. Stearns	
		Address		Salisbury Md.	
Accident or Suicide?					



Name  
in  
Full

Sulu Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Fruitland</i>		<sup>County</sup> <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>13</i>	Age <i>10</i> Years	Months <i>---</i>	Days <i>---</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Fruitland Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>			
Father's Name <i>John Brooks</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Annie Gale</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Joseph Burris</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>High fever due to exposure in sun</i>	How long <i>5 days</i>
Immediate <i>Convulsions</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

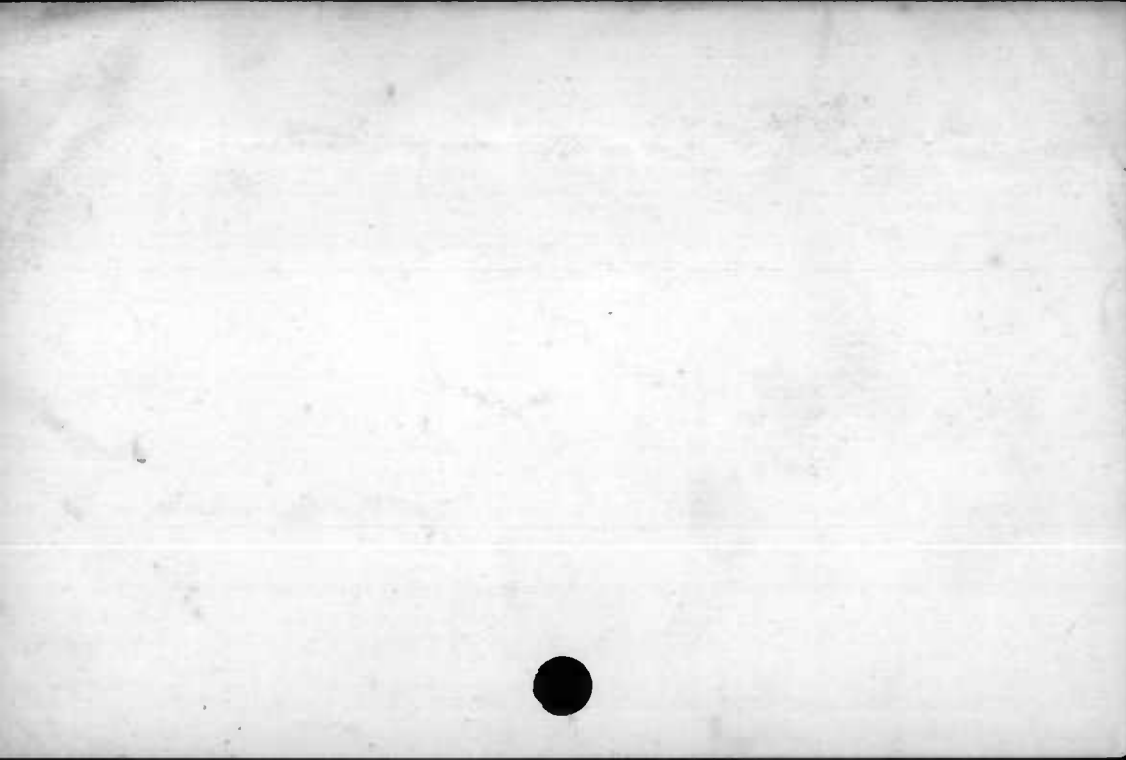
TO BE ANSWERED BY  
NEAREST FRIEND

Town			County			MARYLAND							
Died at		Month		Day		Age		Years		Months		Days	
Date of death		190				Age		4		1		28	
Sex				Color or Race				Birth-place					
Occupation						Where Residing if not at place of death							
Married, Single or Widowed						Name of Wife or Husband							
Father's Name						Father's Birthplace							
Mother's Maiden Name						Mother's Birthplace							
Name of person giving information						How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Tuberculosis		2 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
		White House	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

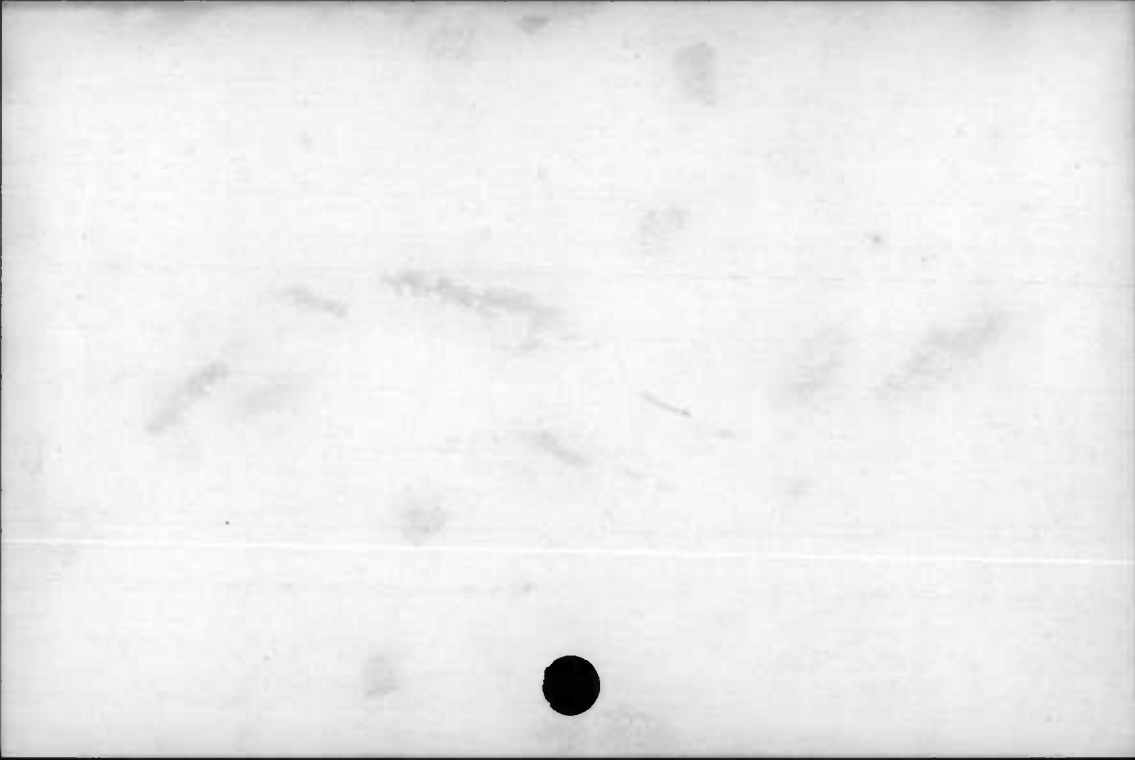
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Nellie H Dashiell</b>		Town <b>Salisbury</b>		County <b>Wicomico</b>		MARYLAND	
Died at <b>Spring Hill road near</b>		Month <b>July</b>		Day <b>16</b>		Years <b>11</b>	
Date of death <b>1905</b>		Age <b>3</b>		Months		Days	
Sex <b>Female</b>		Color or Race <b>Black</b>		Birth-place <b>Md</b>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>Charles J Dashiell</b>		Father's Birthplace <b>Md</b>					
Mother's Maiden Name <b>Annie Bell</b>		Mother's Birthplace <b>Md</b>					
Name of person giving information <b>Charles J Dashiell</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

Primary <b>Pneumonia</b>	How long <b>1 week</b>
Immediate <b>Suppose Consumption</b>	How long <b>1 week</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Dr. H. Todd</b>
	Address <b>Salisbury Md</b>
Accident or Suicide?	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Claricy Davis

CERTIFICATE OF DEATH

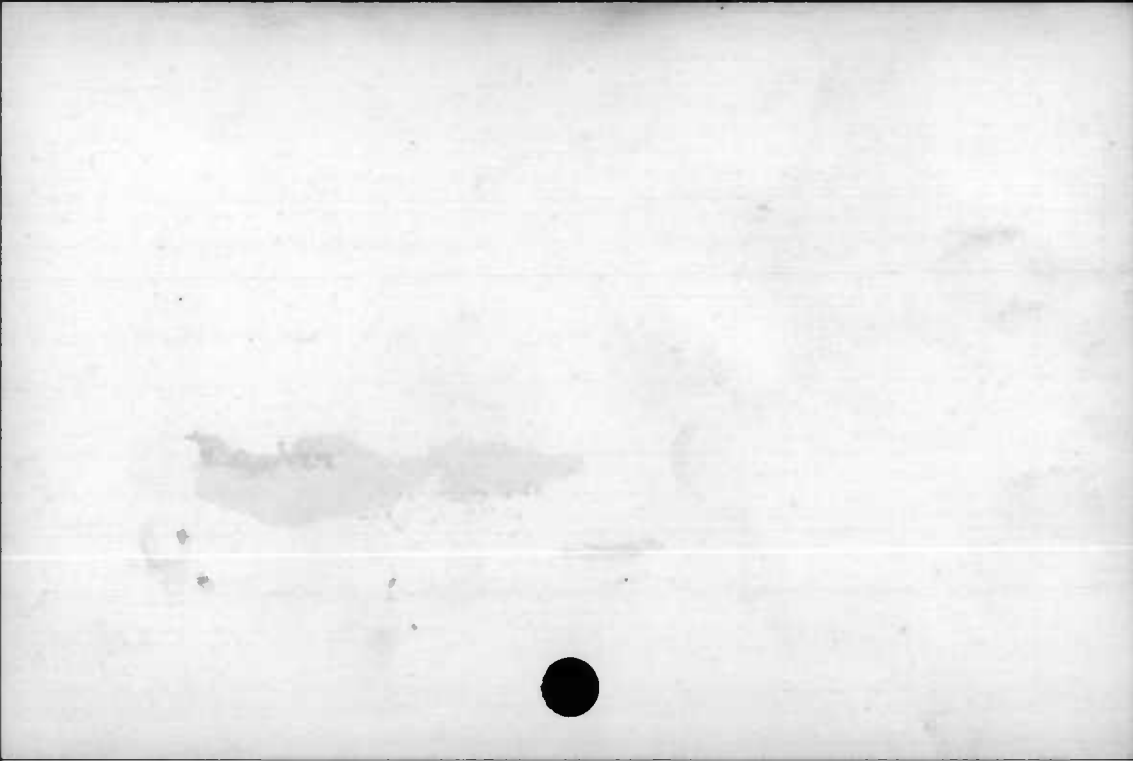
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>13</i>	Age <i>81</i>	Months <i>---</i>	Days <i>---</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>St Salisbury Md.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Davis</i>				
Father's Name <i>---</i>	Father's Birthplace <i>---</i>				
Mother's Maiden Name <i>Bailey</i>	Mother's Birthplace <i>Worcester Co. Md.</i>				
Name of person giving information <i>H. S. Davis</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>	How long <i>20</i>	<i>don't know</i>
Immediate	<i>Secondary Heart trouble</i>	How long <i>---</i>	<i>don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. W. Todd</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide? <i>---</i>			



Name  
in  
Full

L. B. Davis

## CERTIFICATE OF DEATH

Town

County

Wicomico

MARYLAND

Died at

Date

of death 1905

Month

July

Day

21

Age

Years

35

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Wicomico Co. Md.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Liggie Davis

Father's  
Name

Steven Davis

Father's  
Birthplace

Wicomico Co. Md.

Mother's  
Maiden Name

Eliza Shockley

Mother's  
BirthplaceName of person giving  
In formation

Joshua J. Parsons

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Tuberculosis

How long

2 years

Immediate

Dysentery &amp; Toxemia

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

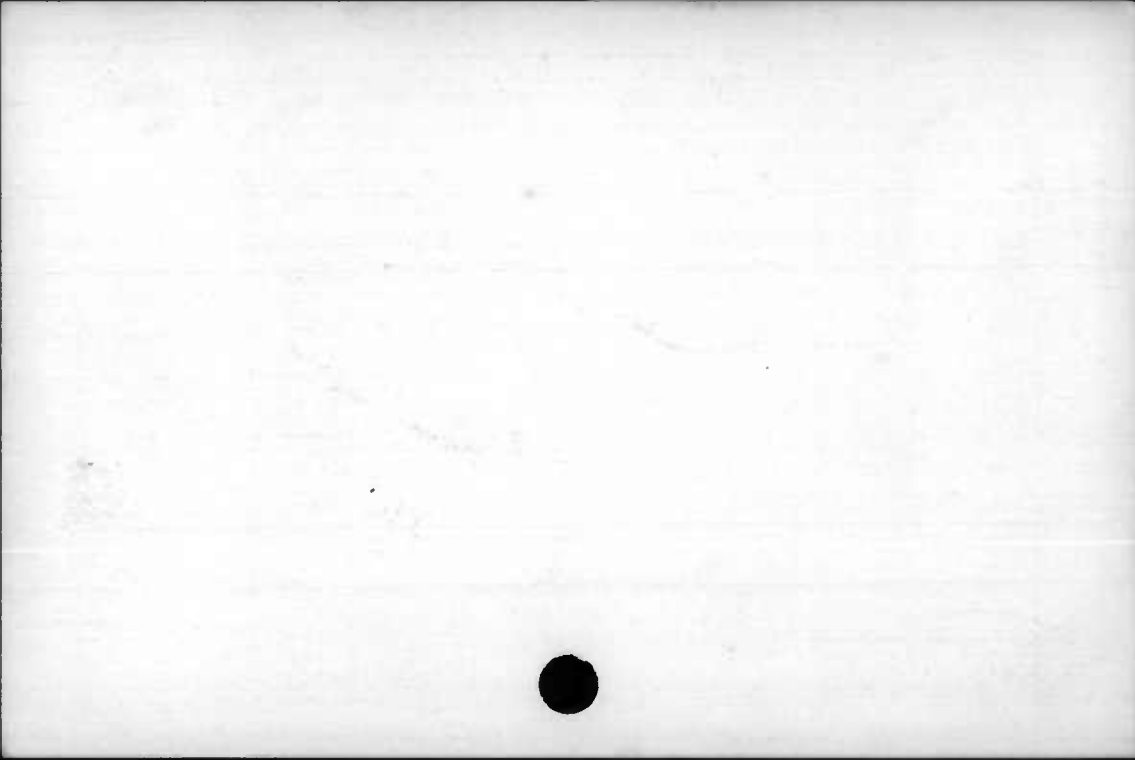
Address

Louis W. Morris M.D.

P. M. D.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Levin R. Dorman

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death

1905

July

21<sup>st</sup>

Age

86

5

14

Sex

Male

Color or  
Race

White

Birth-  
place

Near Salisbury Md.

Occupation

Farmer

Where Residing if not  
at place of death

At Home

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Rachel Dorman

Father's  
Name

Levin Dorman

Father's  
Birthplace

Salisbury Md.

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Levin R. Dorman

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Infarction of lungs &amp; indigestion

How long

One or 2 years

Immediate

Granular degeneration

How long

For 3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. M. Clemens M.D.

Address

Salisbury Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2



Name  
in  
Full

Isaac H. A. Dulaney

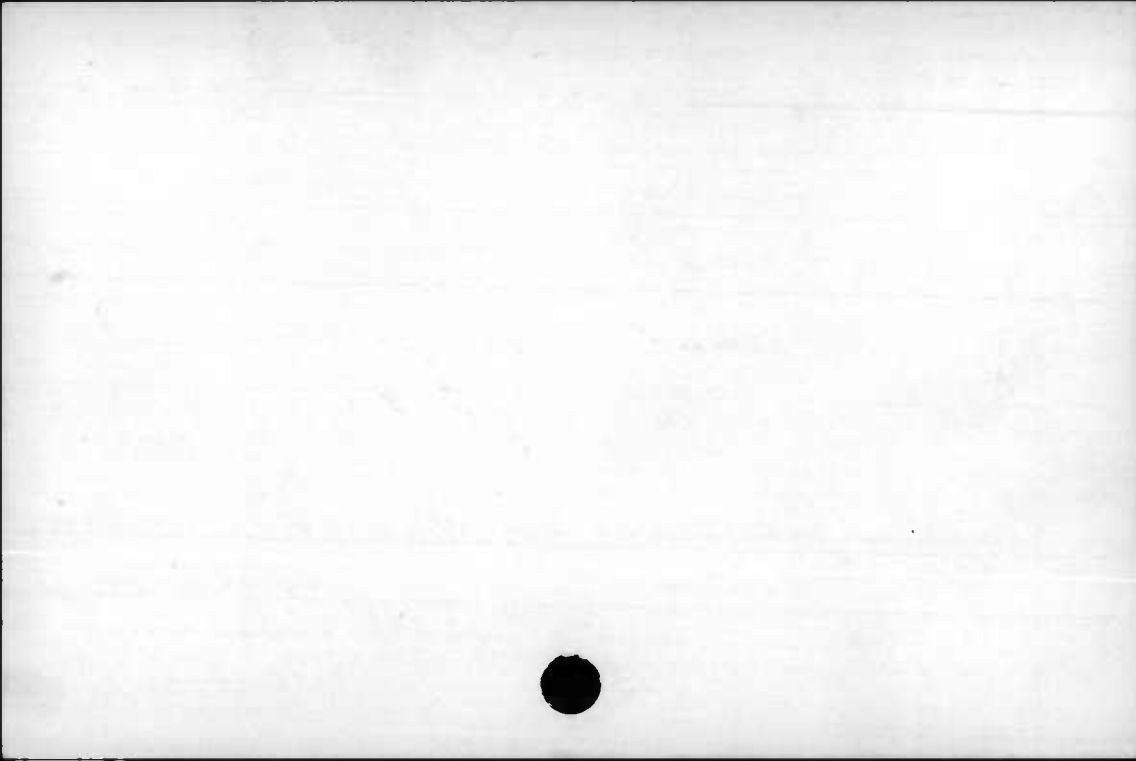
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>12</i>	Years <i>80</i>	Months <i>5</i>	Days <i>---</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co.</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>At Fruitland</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ann Dulaney</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

Primary <i>Atherosclerosis (Senile)</i>	How long
Immediate <i>Gastro-intestinal infection, Typhoid</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. Morris M.D.</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

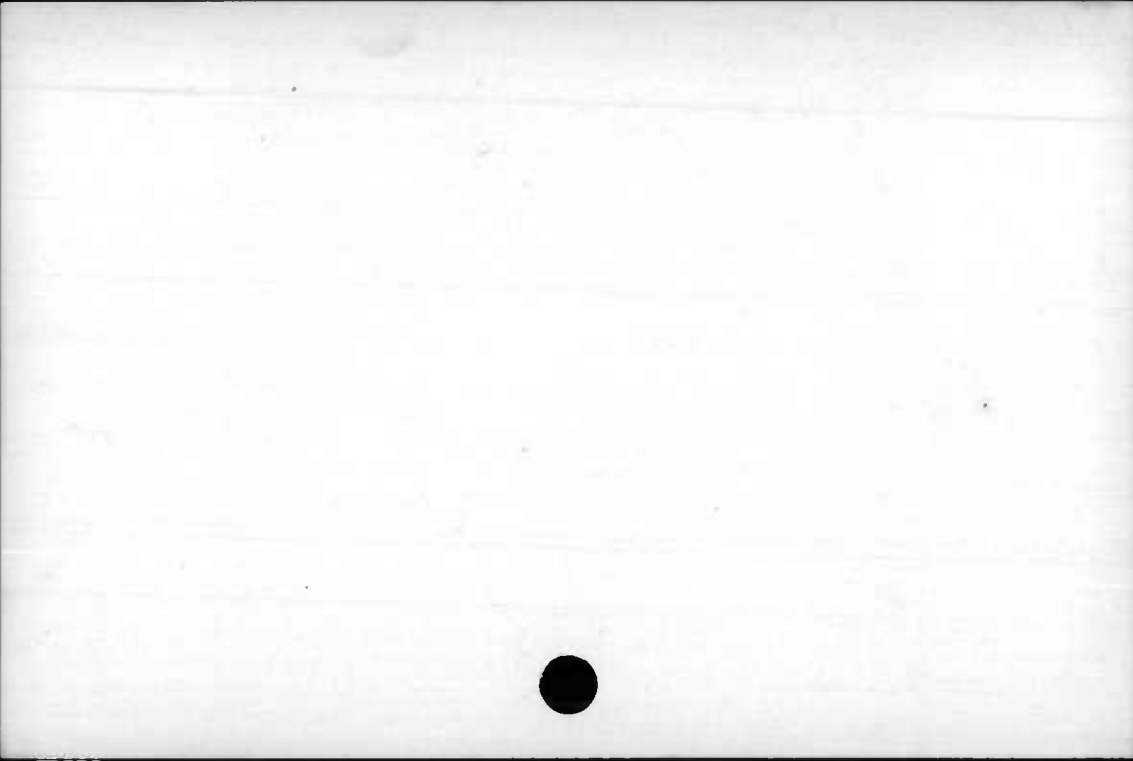
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Alonzo Fulton Dykes</i>		Town <i>Near Salisbury</i>		County <i>Micomico</i>		MARYLAND	
Died at <i>Near Salisbury</i>		Month <i>July</i>		Day <i>25th</i>		Age <i>10</i> Years <i>22</i> Months <i>10</i> Days <i>22</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Micomico Co. Md.</i>	
Occupation <i>~~~~~</i>				Where Residing if not at place of death <i>~~~~~</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>Alonzo Dykes</i>		Father's Birthplace <i>Micomico Co. Md.</i>					
Mother's Maiden Name <i>Donnie Reddish</i>		Mother's Birthplace <i>Micomico Co. Md.</i>					
Name of person giving information <i>A. W. Reddish</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro-Intestinal Infection</i>		How long <i>Several weeks</i>	
Immediate <i>Transition</i>		How long <i>Several days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Glemons</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Elvina Dykes

CERTIFICATE OF DEATH

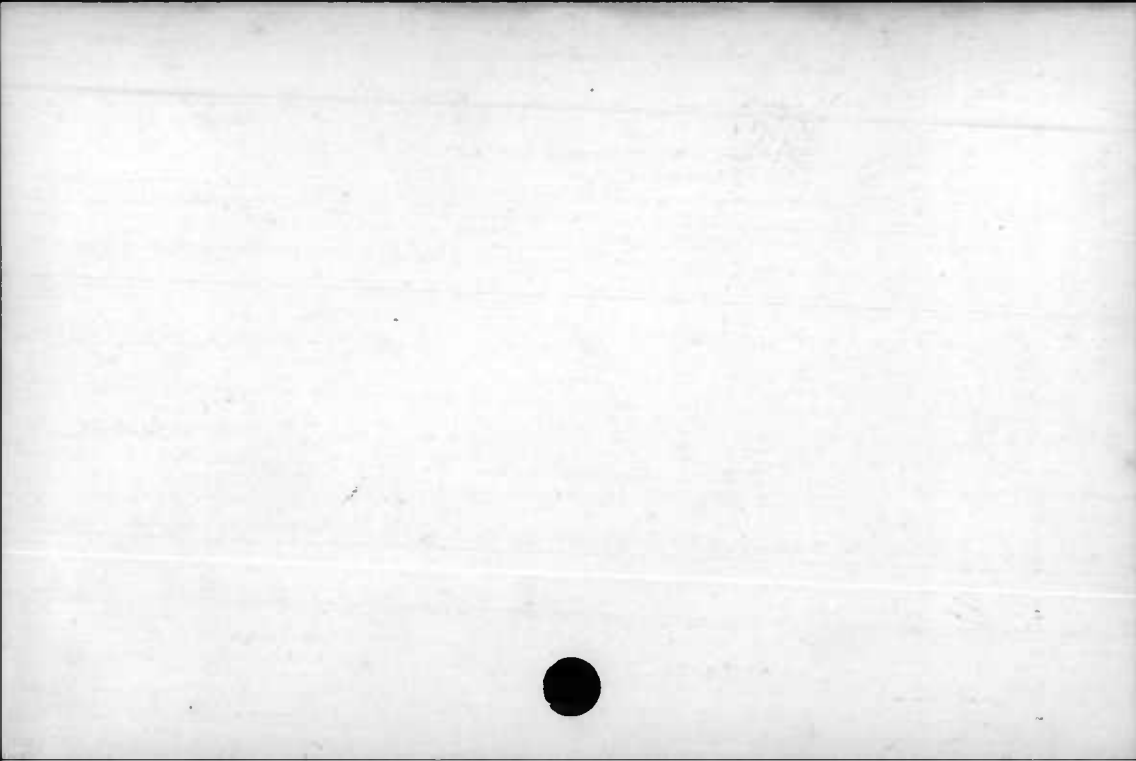
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death	1905	Month	July	Day	3rd.
Age	38	Years		Months	10
Sex	Female	Color or Race	White	Birth-place	Worcester Co. Md.
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Married		S. W. Dykes			
Father's Name	Wm. D. Brown			Father's Birthplace	Worcester Co. Md.
Mother's Maiden Name	Rebecca S. Mullen			Mother's Birthplace	" " "
Name of person giving information	S. W. Dykes			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	Few years
Immediate	Puerperal eclampsia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. C. Davis	
		Address	
		Salisbury Md	
Accident or Suicide?			
No			



Name  
in  
Full

Walter L. Fairbush

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Wetumpka Town Wicomico County  
Date of death 1904 Month July Day 5 Age 17 Years 17 Months 17 Days  
Sex Male Color or Race White Birth-place Wetumpka  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

J. W. Fairbush

Father's Birthplace

Wetumpka

Mother's Maiden Name

Esther A. Majors

Mother's Birthplace

Name of person giving information

J. W. Fairbush

How related to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Brain Fever

How long

Are the name, age, sex, color, date and place correctly given above?

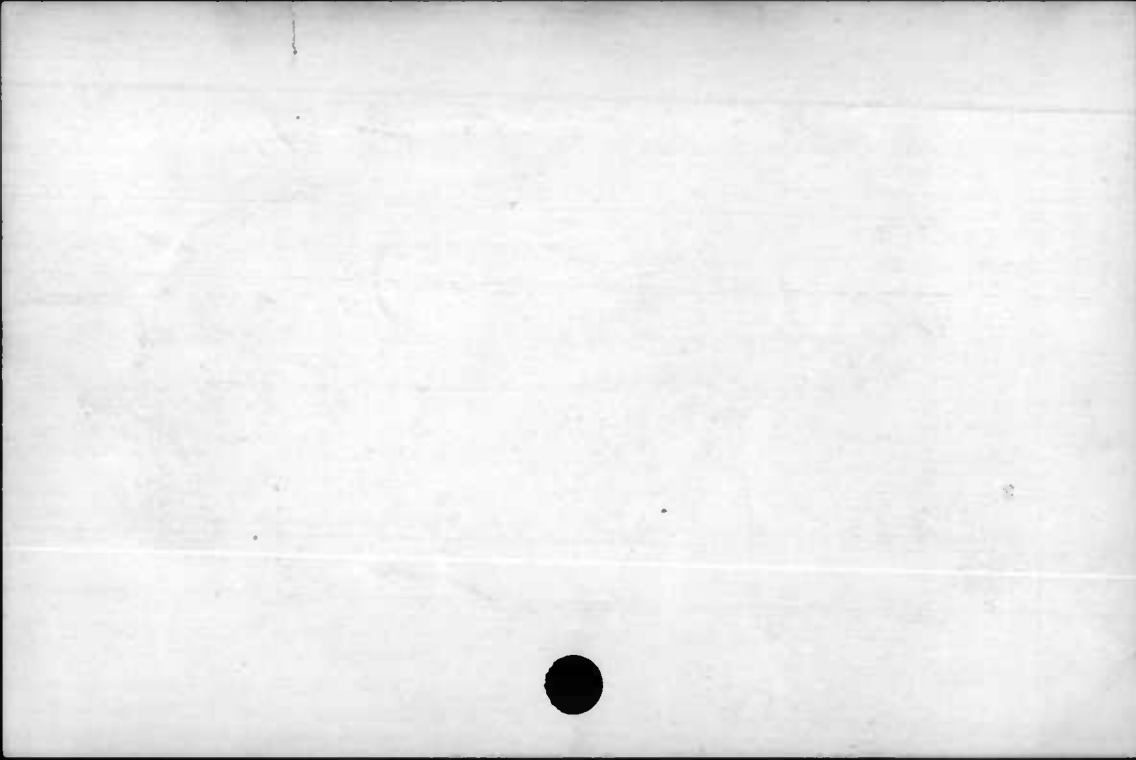
Signature of Physician

Address

J. W. Bishop M.D.  
Namasketon Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Levin S. Gordy

Town

County

Died at *near Quantico**Wicomico*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

*4 July**30*

Age

*70*

Sex

*Male*Color or  
Race*White*Birth-  
place*near Salisbury*Married, ~~Single~~  
or ~~Widowed~~

Occupation

*Farmer*Name of Wife or  
Husband*Maria Gordy*Father's  
Name*Benjamin Gordy*Father's  
Birthplace*near Salisbury*Mother's  
Maiden Name*Anne Dorman*Mother's  
Birthplace*near Salisbury*Name of person giving  
In formation*Wm H. H. Dashiell*How related  
to deceased*Physician*

## CAUSES OF DEATH

Primary

*Heart Failure*

How long

*1 year*

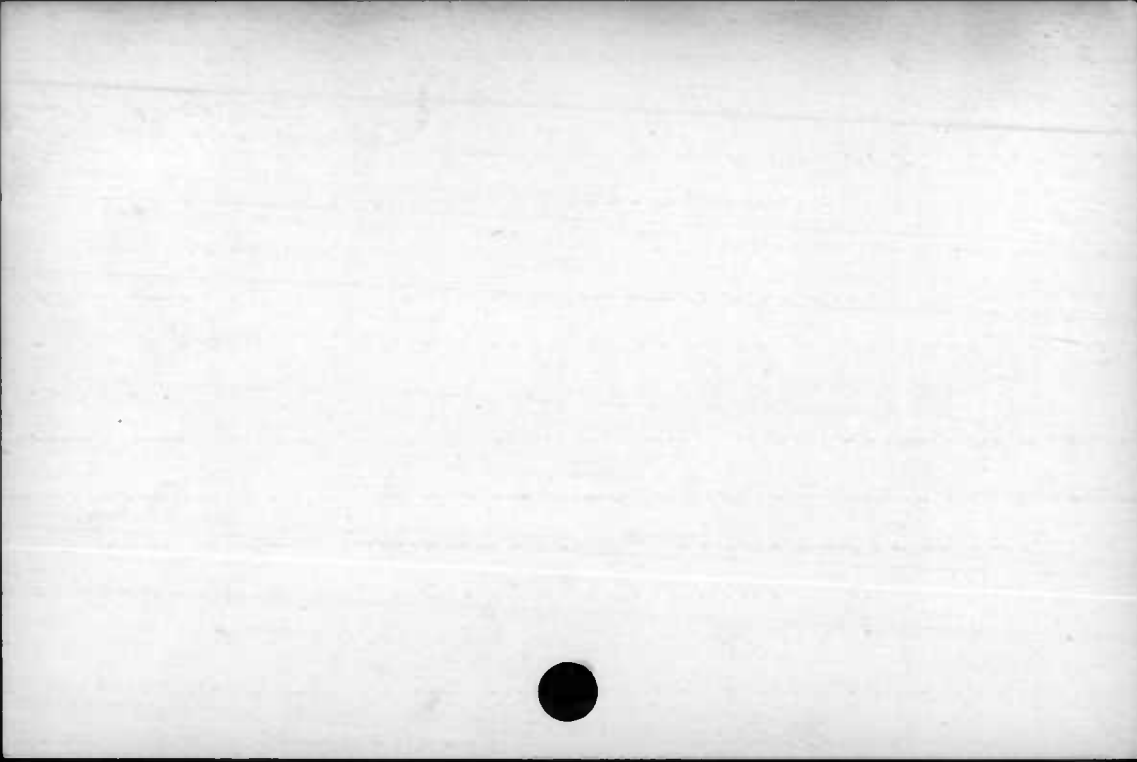
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Wm H. H. Dashiell*

Address

*Quantico Md*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

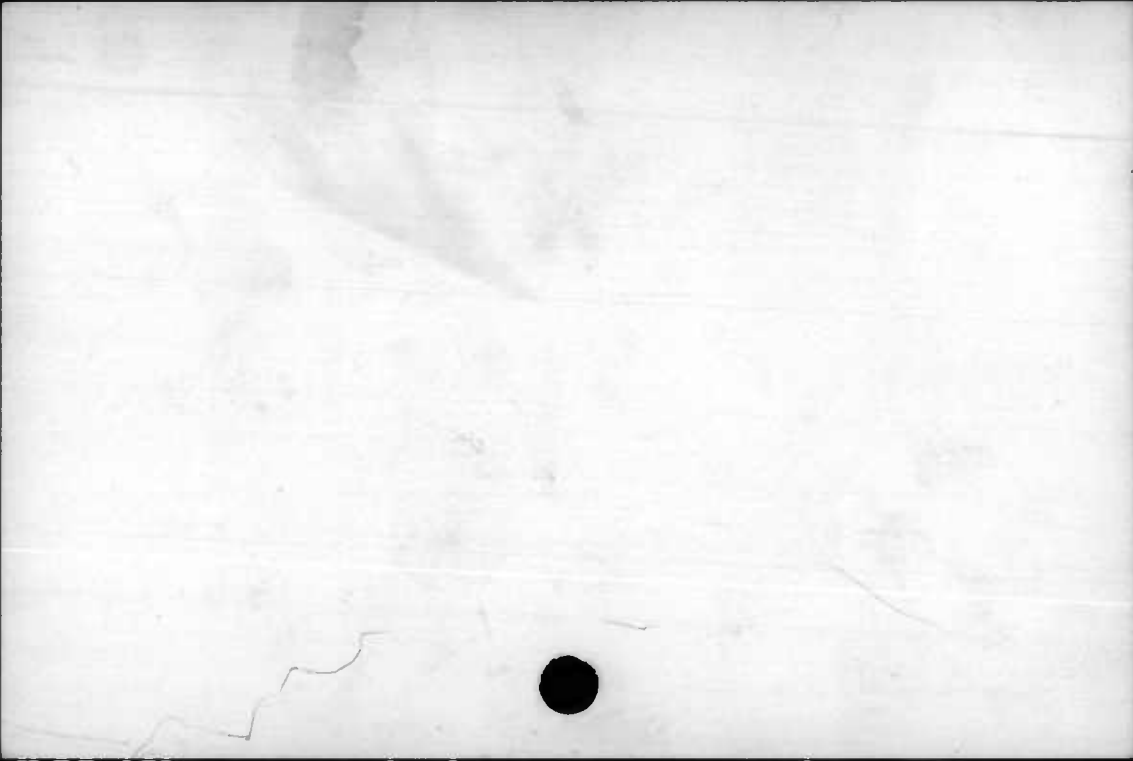
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>2</i>	Age	Years <i>1</i>	Months <i>13</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Salisbury Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John W. Gumbly</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary E. Barclay</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John W. Gumbly</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>	How long <i>Sick all 20 yrs</i>
Immediate <i>had an Aortic</i>	How long <i>life</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Balloung &amp; Co</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>no</i>	<i>Alcoholism</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

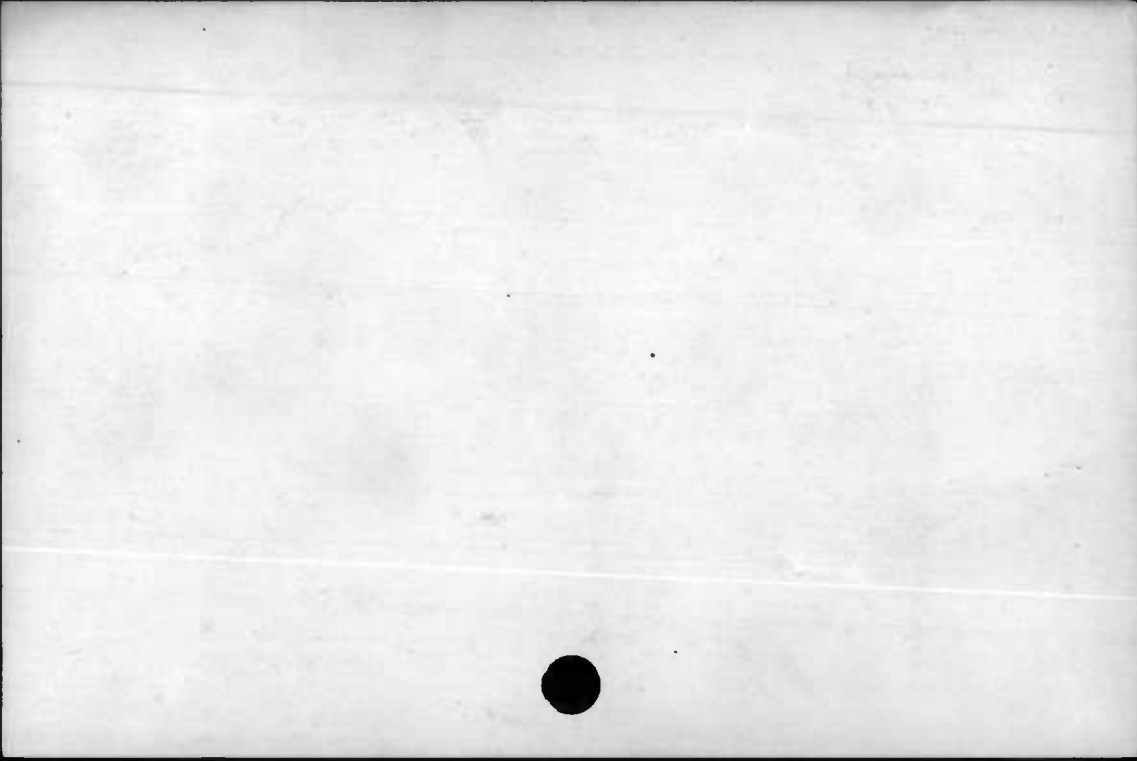
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beltsville</i>		Town <i>Beltsville</i>		County <i>Worcester</i>		Date <i>7/22/XIX</i>	
Date of death <i>1905</i>		Month <i>July</i>	Day <i>7</i>	Age <i>37</i>	Years <i>37</i>	Months <i>5</i>	Days <i>17</i>
Sex <i>Male</i>		Color or Race <i>colored</i>		B <i>Traskin</i>			
Occupation <i>Miner</i>		Where Resided at place of <i>Sallabury</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Henry Deshull</i>					
Father's Name <i>Henry Deshull</i>		Father's Birthplace <i>Traskin</i>					
Mother's Maiden Name <i>Northa M. Jones</i>		Mother's Birthplace <i>Traskin</i>					
Name of person giving information <i>Henry H. Hance</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Hanged</i>	How long <i>instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hance</i>
Address	
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

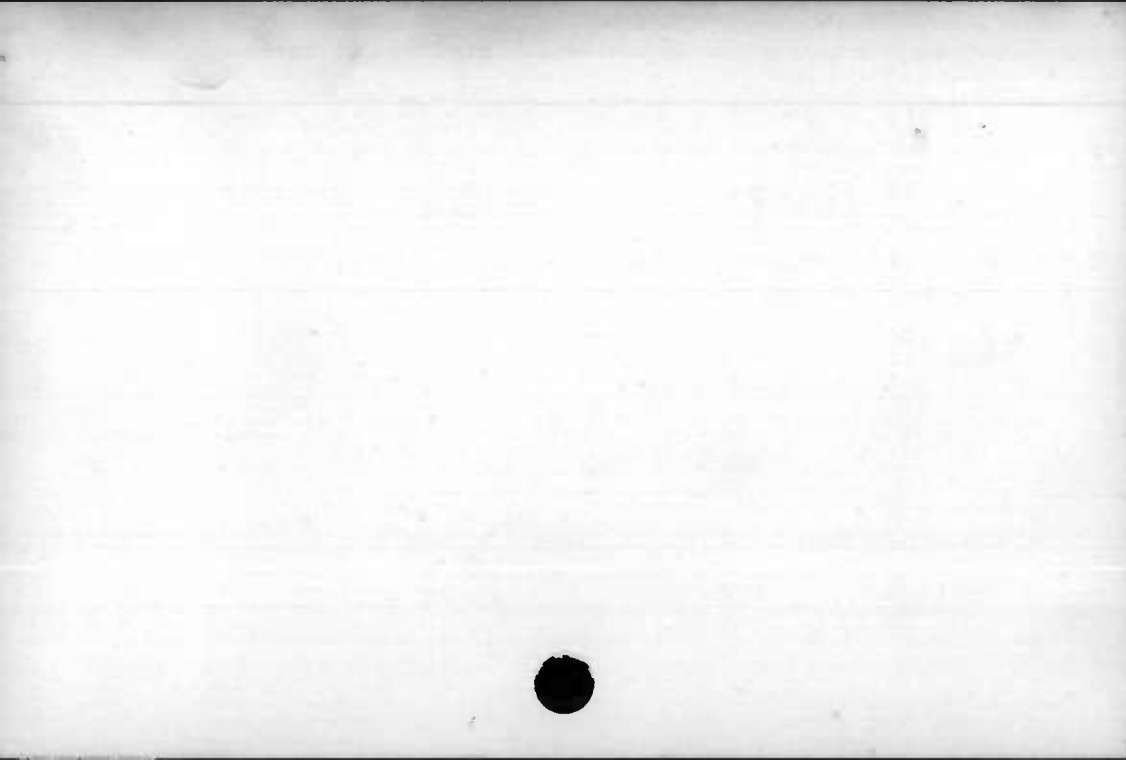
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wisconsin</i> County			
Date of death	<i>1905</i>	Month	<i>July</i>	Day	<i>14</i>
		Years	<i>2</i>	Months	<i>4</i>
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Salisbury Md</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Don't know</i>			Father's Birthplace	
Mother's Maiden Name	<i>Laisy Howard</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>James Washell</i>			How related to deceased	<i>no relation</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Don't know</i>	How long	<i>all it is life</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. E. Holloman &amp; Co</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?	<i>no</i>		<i>Undertaker</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William J Lord</i>		Town <i>Palestine</i>		County <i>Wicomico</i>		Date <i>7/22/xx</i>	
Died at <i>Palestine</i>		Month <i>July</i>		Day <i>26</i>		Age <i>43</i>	
Date of death <i>1905</i>		Months		Days		Maryland	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Eldorado</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Annie Lord</i>					
Father's Name <i>Harry Lord</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Annie Stokes</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Luther Lord</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Strangling*

How long

*(176)*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

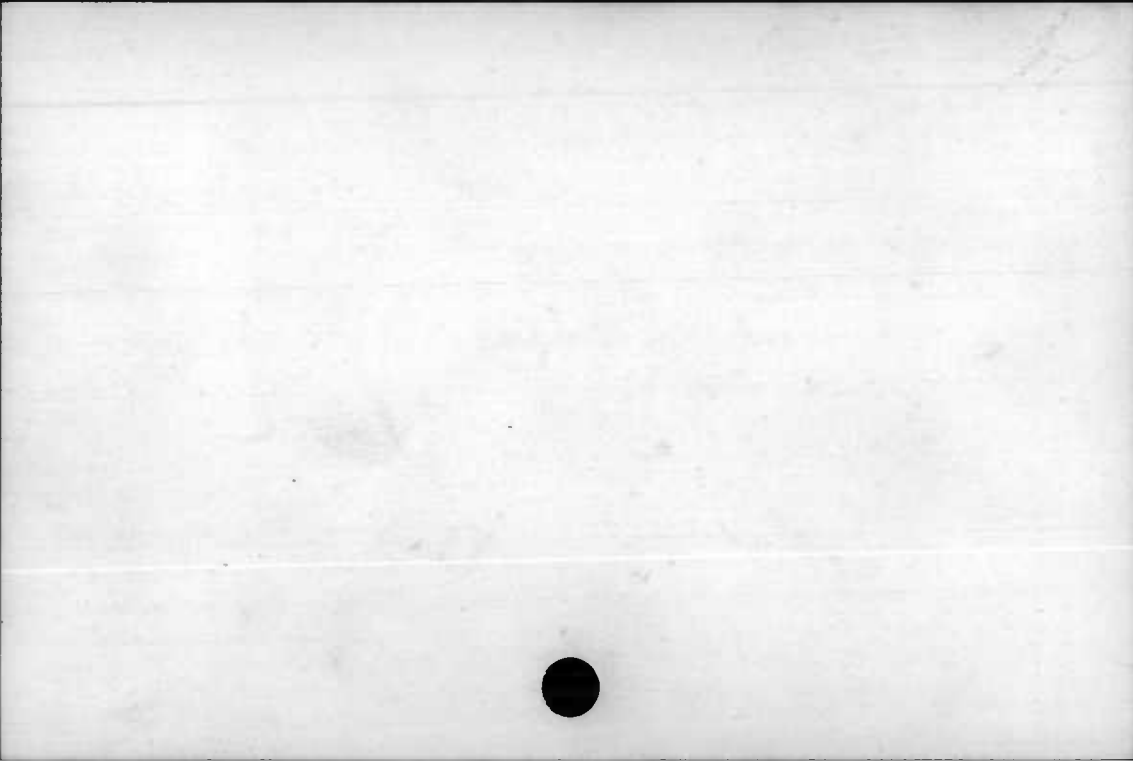
*yes*

Signature of Physician

Address

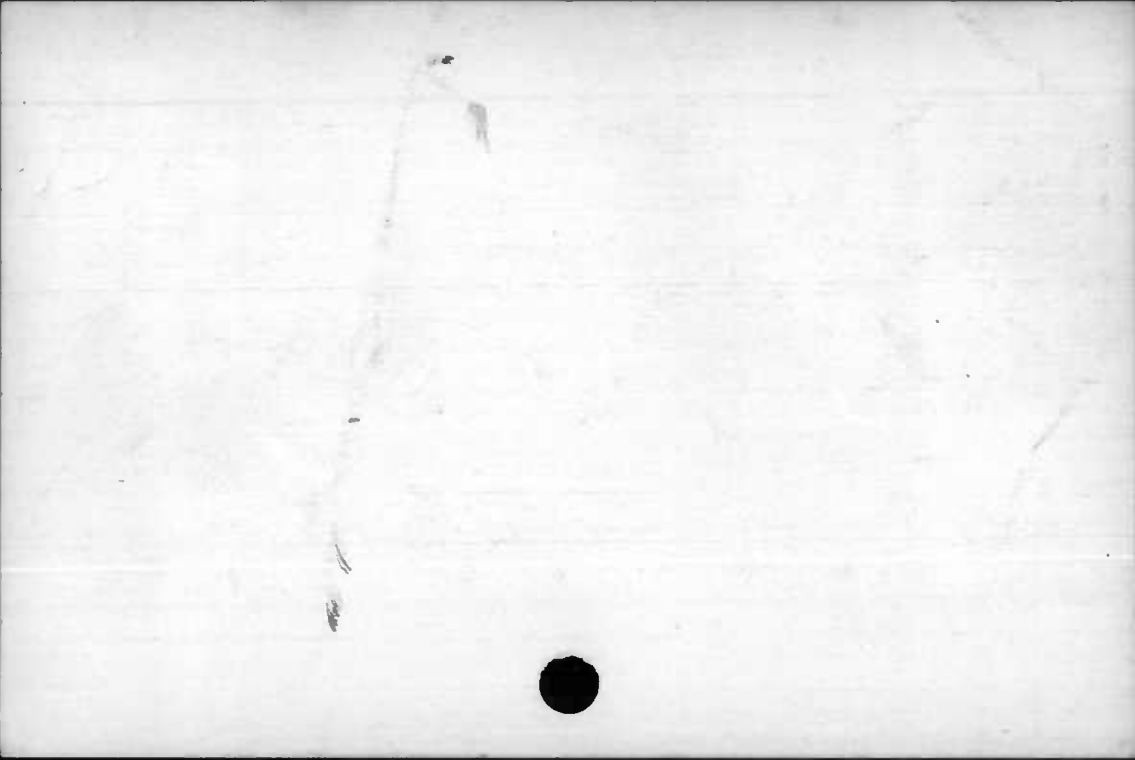
*B. C. Holladay & Co  
Palestine  
Maryland*

Accident or Suicide?





Name in Full		Town				County		CERTIFICATE OF DEATH			
Sidney W Morris		Rockaway		Wicomico		MARYLAND					
Died at		Date of death		Month		Day		Age		Years	
1905		July		9		31		8		Months	
Sex		male		Color or Race		Black		Birth-place		Md	
Occupation		Farmer		Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband		Mary Morris					
Father's Name		Nosses Morris		Father's Birthplace		Md					
Mother's Maiden Name		Willie A Gaslee		Mother's Birthplace		Md					
Name of person giving information		George P Morris		How related to deceased		Brother					
CAUSES OF DEATH											
Primary		From best information supplied						How long			
Immediate		Dysentery						How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		yes						Signature of Physician		D C Hallaway & Co	
								Address		Salisbury Md	
										Annettes	
Accident or Suicide?		no									



Name,  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJonathan Nichols  
Died at <sup>Town</sup> *Mar Shaptown*<sup>County</sup> *Sussex*

MARYLAND

Date of death *1905* <sup>Month</sup> *July* <sup>Day</sup> *1* <sup>Years</sup> *68* <sup>Months</sup> *6* <sup>Days</sup> *5*

Sex *male* Color or Race *White* Birth-place *Sussex Co*

Occupation *Farmer* Where Residing if not at place of death

Married, ~~Single~~ *Widowed* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information *W. J. Nichols*

How related to deceased *Son*

## CAUSES OF DEATH

Primary *Arterio Sclerosis*

How long *1 yr.*

Immediate *Cardiac Failure*

How long *1/2 hr.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. J. Gossard*  
Address *Shaptown, Md.*

Accident or Suicide?



Name  
in  
Full

Rebecca Nutter

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Gloria

Date

of death 1905

Month

July

Day

4

Age

Years

4

Months

8

Days

2

Sex

Female

Color or  
Race

colored

Birth-  
place

Shiloh

Occupation

Where Residing if not  
at place of death

11

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Geo H Nutter

Father's  
BirthplaceMother's  
Maiden Name

Ellen Britton

Mother's  
Birthplace

Virginia

Name of person giving  
In formation

Ellen Nutter

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

27

How long

8 months

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

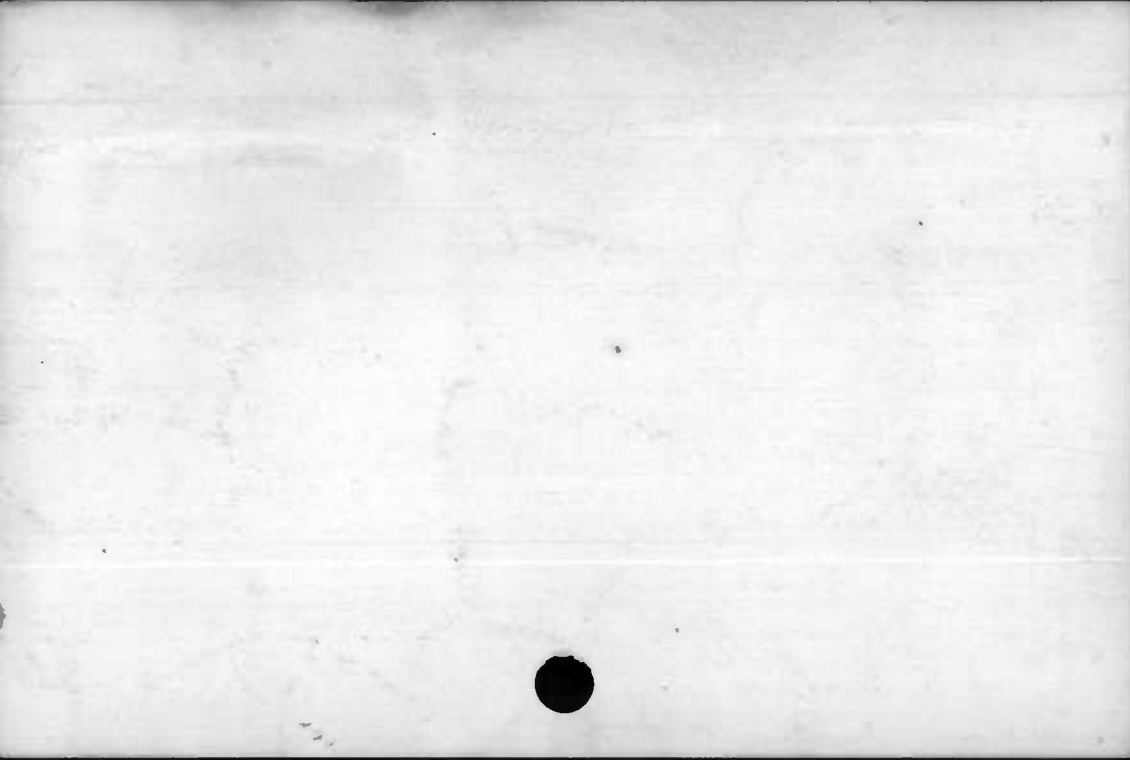
Address

J. H. Langford, M.D.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2



Name  
in  
Full

Biddie A. Ansley

CERTIFICATE OF DEATH

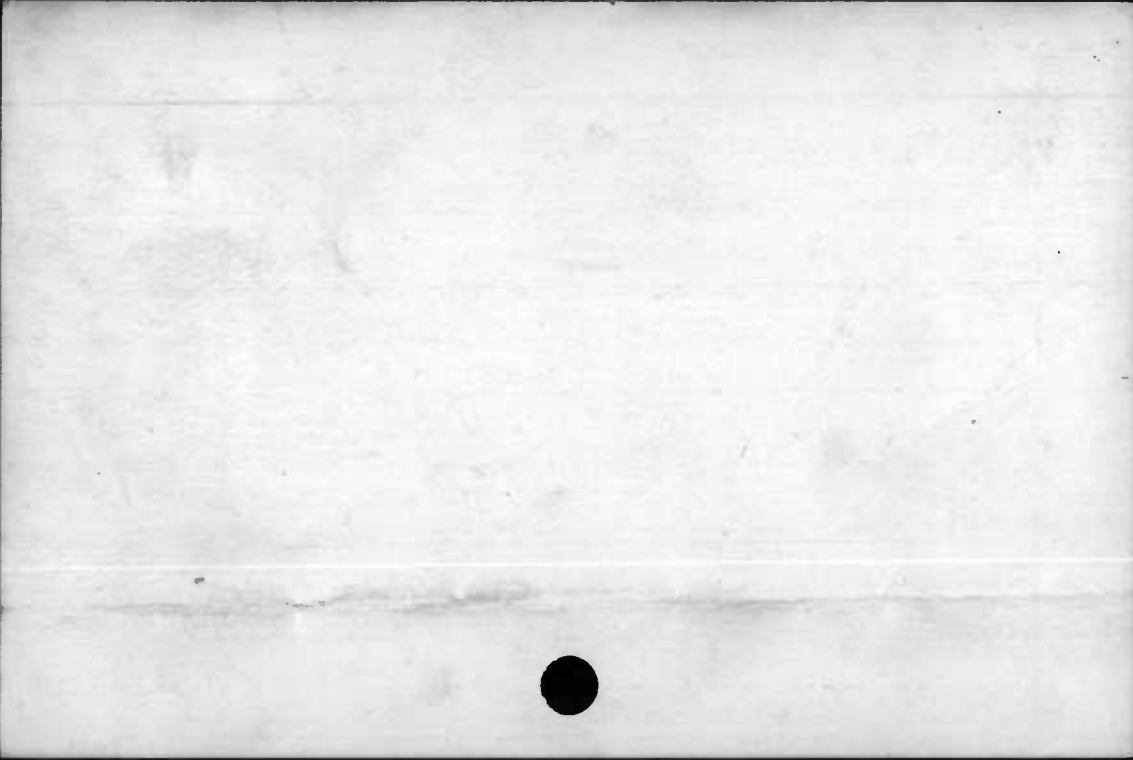
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bivabe</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>July</u> <small>Month</small>	<u>30</u> <small>Day</small>	<u>62</u> <small>Years</small>	<u>      </u> <small>Months</small>	<u>      </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Quartermaster</u>		
Occupation <u>housekeeper</u>		Where Residing if not at place of death <u>Bivabe</u>			
Married, <del>Single</del> or Widowed	Name of <del>Wife</del> Husband <u>James P. Ansley</u>				
Father's Name <u>John Merrick</u>	Father's Birthplace <u>Bivabe</u>				
Mother's Maiden Name <u>Susan Dunn</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>James K. P. Ansley</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

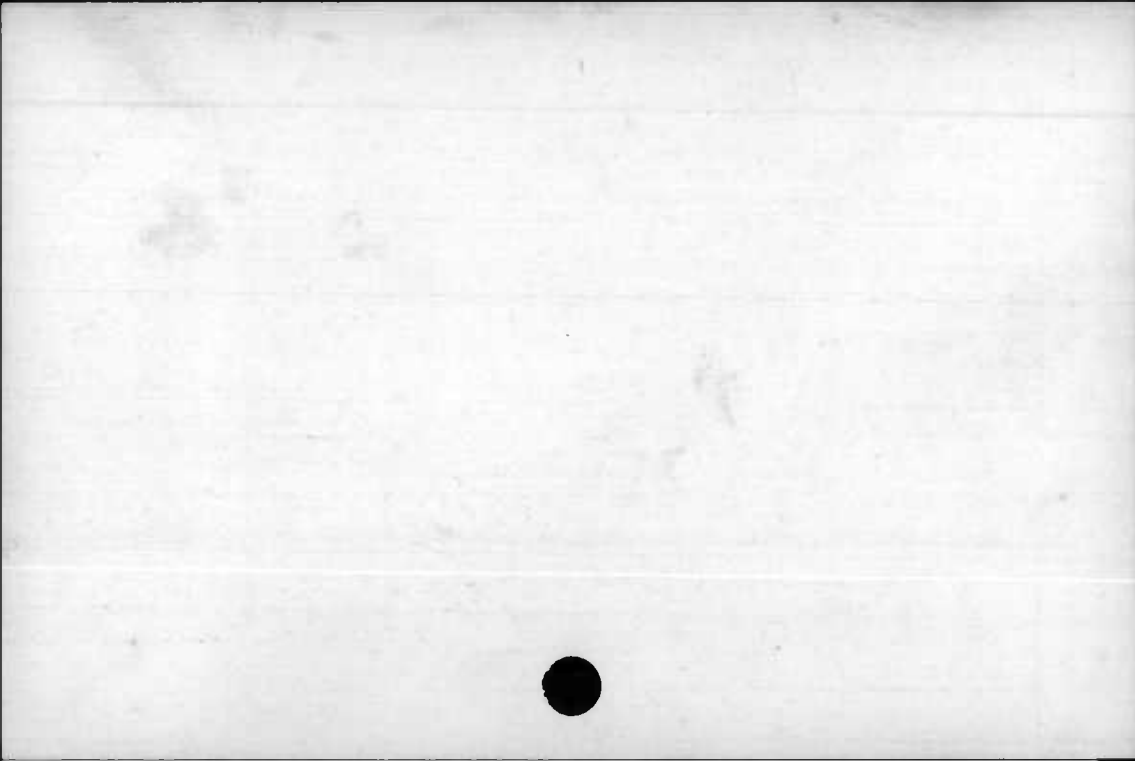
PHYSICIAN  
OR CORONER

Primary	<u>1</u>	How long	
Immediate	<u>Perforation</u>	How long	<u>23 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. J. L. [unclear]</u>	
		Address <u>White House, Md</u>	
Accident or Suicide? <u>9</u>			





Name in Full		Margaret L. Rounds				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND	
	Date of death	1905	July	15th	Age	5	2
	Sex	Female		Color or Race	White		
	Occupation				Birth-place	Salisbury Md.	
				Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	J. J. Rounds			Father's Birthplace	Salisbury Md.	
Mother's Maiden Name	Katie E. Collins			Mother's Birthplace	Dorchester Co. Md.		
Name of person giving information	J. J. Rounds			How related to deceased	Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastro-Intestinal infection				How long	
	Immediate	Toxaemia				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Louis C. Fleming M.D.	
					Address	Salisbury Md.	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sampson R. Shockley</i>		Town <i>Kellys</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Kellys</i>		Month <i>July</i>		Day <i>14</i>		Age <i>53</i>	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>14</i>		Age <i>53</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico</i>		Months <i>Wicomico</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>At home</i>		Months <i>Wicomico</i>		Days <i>Wicomico</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Virginia A. Shockley</i>		Father's Name <i>Sampson Shockley</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Molly Hoxier</i>		Mother's Birthplace <i>11</i>		Name of person giving information <i>W. F. B. Jones</i>		How related to deceased <i>Nephew</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>1 year or more</i>	
Immediate <i>Dysentery, General emaciation</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis W. Gleason M.D.</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide?			

Mr.

Name  
in  
Full

*Zadoc Sarrack*

CERTIFICATE OF DEATH

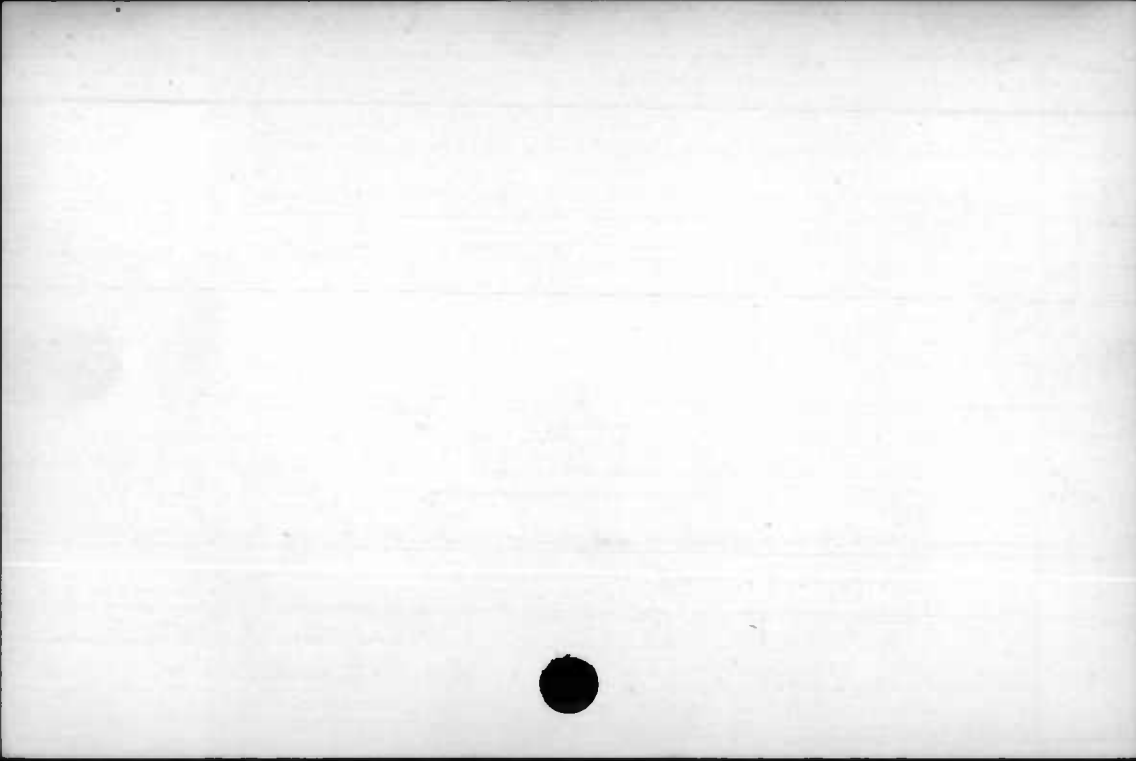
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>P.G. Hospital Salisbury Md.</i>		Town <i>Salisbury Md.</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>	Day <i>14</i>	Age <i>42</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Worcester Co. Md.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Miss Lewis of P.G. Hospital</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>P.R. injury to head &amp; am</i>	How long <i>few days</i>
Immediate <i>Septic</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>J. M. C. D. R. K.</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

William H. Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Green Hill		County Wisconsin		MARYLAND	
Date of death	1905	Month July	Day First	Age 61	Years	Months 10	Days 2
Sex Male	Color or Race White		Birth- place Sharpsburg				
Occupation Farmer			Where Residing if not at place of death				
Married, Single or Widowed Married		Name of Wife or Husband Martha					
Father's Name James H. Taylor					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information Martha Taylor					How related to deceased		

## CAUSES OF DEATH

Indigestion

Primary

How long

Four months

Immediate

Indigestion

Are the name, age, sex, color, date  
and place correctly given above?

yes

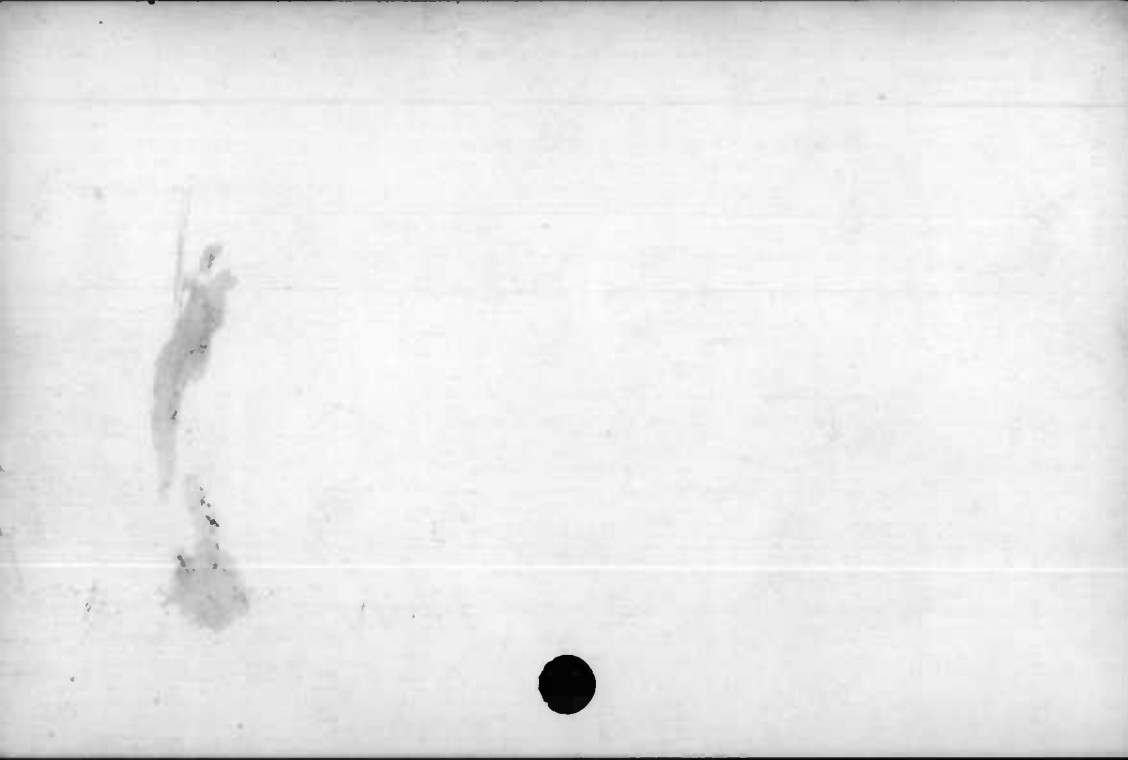
Signature of  
Physician

Address

A. H. Langford

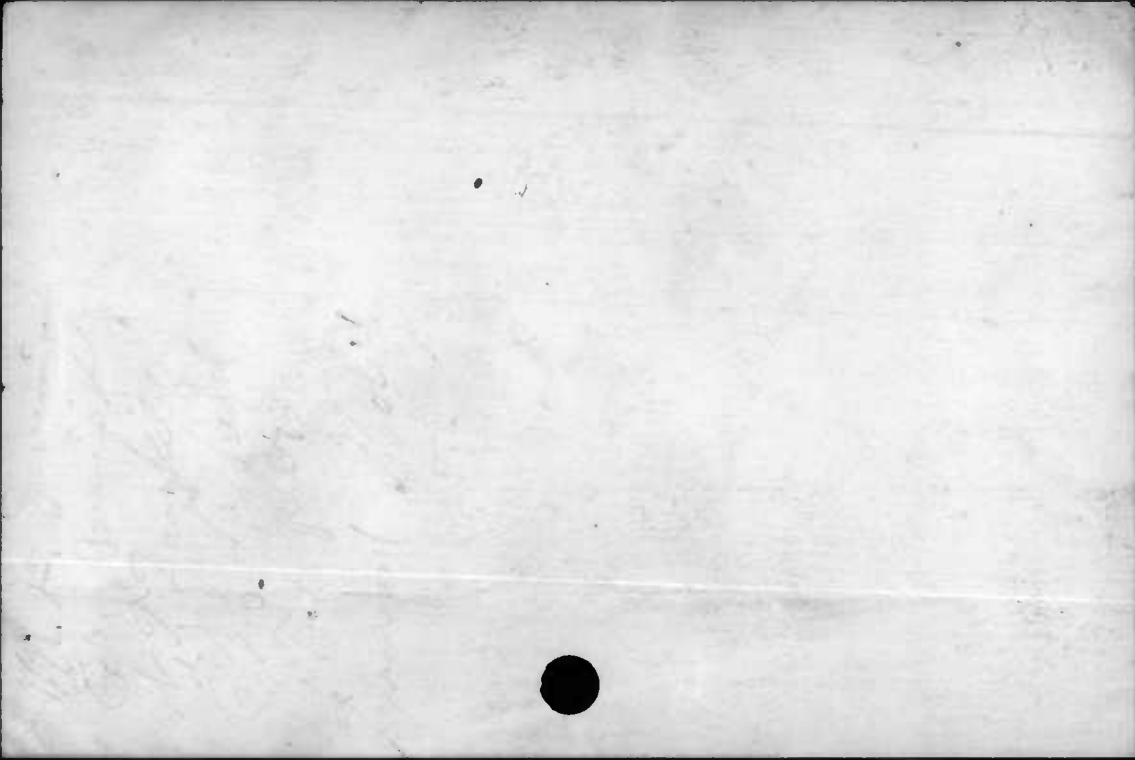
White House Md.

Accident or Suicide?





Name Full		Woodland, R. Taylor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Green Hill	County	Wicomico	MARYLAND			
	Date of death	1905	Month	July	Day	10th	Age	29
	Sex	Male	Color or Race	White	Birth-place	Green Hill		
	Occupation	Mariner		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband	Grosa E. Dashiell			
	Father's Name	Wm. H. Taylor		Father's Birthplace	Green Hill			
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary Twiley		Mother's Birthplace				
	Name of person giving information	Charles P. Dashiell		How related to deceased	Brother-in-law			
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long			
	Immediate	Gastric trouble			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	A. H. Lankford			
				Address	White House			
	Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

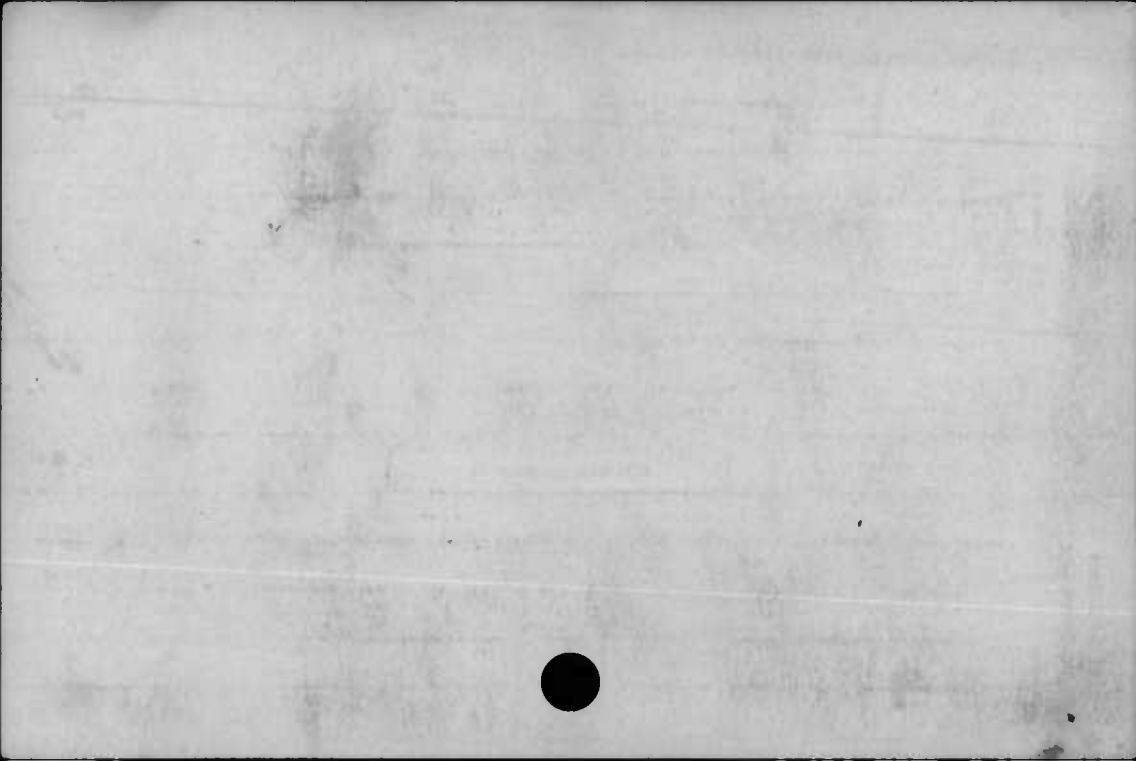
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mrs. Perry</i>		Waller		MARYLAND	
Died at <i>Near Mardela Springs</i>		Town <i>Wisconsin</i>		County	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>5</i>	Age <i>80</i>	Years	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Del. Sussex Co.</i>		Days <i>18</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Perry Waller</i>				
Father's Name <i>Joshua Kenney</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Sarah Kenney</i>	Mother's Birthplace <i>Del.</i>				
Name of person giving information <i>James L. Waller</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>One year</i>
Immediate <i>Hemiplegia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. V. Whitcomb J. Eldredge</i>
	Address <i>Mardela Springs, Md.</i>
Accident or Suicide?	



Name  
in  
Full

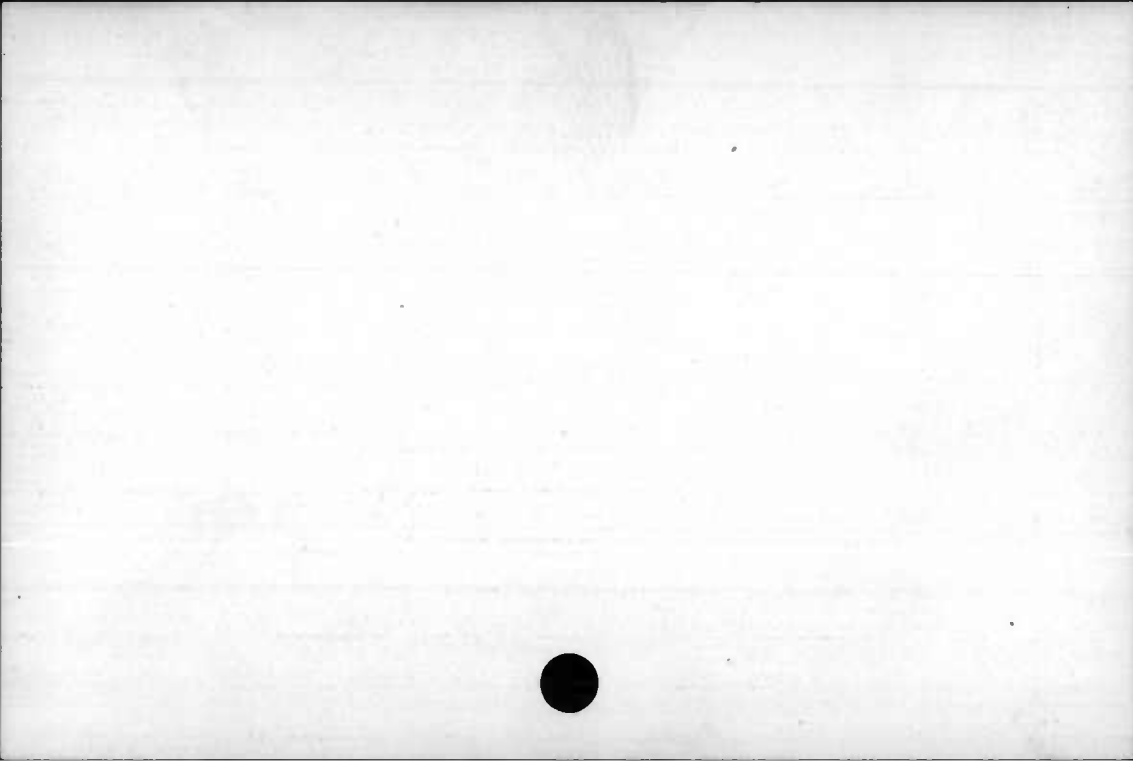
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		7	11	Age	64		
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband Elizabeth A. Bailey			
Father's Name	Joseph Windsor			Father's Birthplace Md			
Mother's Maiden Name	Nancy Robertson			Mother's Birthplace Md			
Name of person giving information	Fannie Hokley			How related to deceased Daughter			

## CAUSES OF DEATH

Primary	Dropsy	How long	16 months
Immediate	asphyxiation	How long	10 minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. L. G. [Signature]
		Address	Mardela Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah J. Wright</i>		Town <i>Wetzel</i>		County <i>Wetzel</i>		MARYLAND	
Died at <i>Wetzel</i>		Month <i>June</i>		Day <i>26</i>		Years <i>63</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Wetzel</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>17 1/2</i>	
Immediate <i>dropping</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. H. Lamb</i>	
		Address <i>White House</i>	
Accident or Suicide?			

